Attach check or money order	
DO NOT SEND CASH	7

EXTENSION OF A STANDARD OR MASTER EDUCATOR LICENSE

Boa	rd of Educational Examiners Use Only

(I need one more year to complete the requirements to renew.)

INSTRUCTIONS: (Please allow four w	eeks for processing. Incomplete	applications may be returned.)	Revised 10/07			
 The application must include a completed application, \$85.00 nonrefundable application fee, and applicable late fees. Send all materials and check or money order (made payable to the Board of Educational Examiners) to the Board of Educational Examiners, Licensure, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-0147. LATE RENEWAL FEE. An additional fee of \$25.00 per calendar month, not to exceed \$150.00, shall be imposed if a renewal application is submitted after the expiration date. The board will waive the late fee for the following: (a) not currently practicing as an educator in lowa, (b) obtaining a Substitute License. Name changes require a photocopy of official legal documentation. 						
Applicant's Folder #	Social Security #	Date of Birth Month Day Year	Male Female			
Last Name	First Name	Middle Name	Maiden Name			
Address	City	State	Zip Code			
Home Phone ()	Work Phone	Email Address				
. Yes No Do you current Yes No PR Have you ever Yes No PR Have you ever Yes No Are you a Unit a continue an than o	rm. *If you have reported a "Yes ication, if no further conviction(s) been convicted of a felony?	"response on a previous applicate has occurred." r than parking or speeding violates.) nding against you? ouse made against you? ied, revoked, or suspended? red "No," check if you are: S.C.A. § 1641). If so, please predicted States under 8 U.S.C.A. § 10 oppropriate documentation. seent in the United States.	ation, check "PR" (previously tions? ovide appropriate 1182(d)(5) for less			

Statement of Fraud:					
An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.					
I certify under penalty of perjury and pursuant to the laws of the state of lowa that the preceding information is true and correct.					
Signature of Applicant	Date				